



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/054,295	
Filing Date	January 18, 2002	
First Named Inventor	Cech, Thomas	
Art Unit	1652	
Examiner Name	Malgorzata Walicka	
Total Number of Pages in This Submission	5	Attorney Docket Number
		015389-002990US

6921664

MT

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard <input type="checkbox"/> Request for Certificate of Correction under § 1.323 (2 pgs) <input type="checkbox"/> Certification of Correction Form (1 pg)
		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

*Certificate
MAY 10 2006
of Correction*

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Randolph Ted Apple		
Date	5/3/06	Reg. No.	36,429

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Anthony J. Marshall	Date	5/3/06



Patent & Trademark Office
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 100)

Complete if Known

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Filing Date	January 18, 2002
First Named Inventor	Cech, Thomas
Examiner Name	Malgorzata Walicka
Art Unit	1652
Attorney Docket No.	015389-002990US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

-20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Fee (\$) Fee Paid (\$)

-3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge): Certificate of Correction pursuant to 37 CFR § 1.20(a) _____

100

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,429	Telephone 650-326-2400
Name (Print/Type)	Randolph Ted Apple		Date 5/3/06



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Certification of Correction Branch
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P.O. Box 1450
Alexandria, VA 22313-1450

on 5/3/06

TOWNSEND and TOWNSEND and CREW LLP

By 
Anthony J. Marshall

PATENT
Attorney Docket No.:015389-002990US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Cech, Thomas, et al.

Patent No.: 6,921,664

Application No.: 10/054,295

Issued: July 26, 2005

For: TELOMERASE

Confirmation Number: 6534

Examiner: Malgorzata Walicka

Technology Center/Art Unit: 1652

**REQUEST FOR CERTIFICATE OF
CORRECTION UNDER §1.323**

Certification of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR §1.323 Applicant submits a Certificate of Correction for the above-identified Patent. The Certificate adds language regarding Government Support that was inadvertently omitted from the specification during prosecution. Because the correction merely adds the funding information, it does not constitute new matter or raise issues requiring reexamination. The desired correction is set forth on form PTO/SB/44, enclosed.

Please deduct the fee, pursuant to 37 CFR §1.20(a), of \$100.00 from deposit account 20-1430 and any additional fees associated with this Certificate.

Respectfully submitted,



Randolph Ted Apple
Reg. No. 36,429

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rev. 1/04
60726076 v1

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

Page 1 of 1

PATENT NO. : 6,921,664
APPLICATION NO.: 10/054,295
ISSUE DATE : July 26, 2005
INVENTOR(S) : Cech, Thomas, et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 1, line 14 please add:

--This invention was made with Government support under Grant No. GM28039, awarded by the National Institutes of Health. The Government has certain rights in this invention.-- after "abandoned".

MAILING ADDRESS OF SENDER (Please do not use customer number below):

TOWNSEND AND TOWNSEND AND CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834

60726074 v1